



**WINONA
COMMUNITY
FOUNDATION**

One vision. Many paths.

EMPLOYMENT APPLICATION

Full Name _____

Home Telephone No. _____ Cell Phone No. _____

Best time to call _____ Email Address _____

Address _____
City State Zip Code

If hired, would you be able to submit documentation providing eligibility for employment in the United States? Yes No

EMPLOYMENT HISTORY

Current Employer	Your Title	Last Salary	Reason for leaving:
Address (street, city, state, zip code)	Duties	Date Began Month: Year:	
Telephone Number	Supervisor	Date Left Month: Year:	
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer	Your Title	Last Salary	Reason for leaving:
Address (street, city, state, zip code)	Duties	Date Began Month: Year:	
Telephone Number	Supervisor	Date Left Month: Year:	
Previous Employer	Your Title	Last Salary	Reason for leaving:
Address (street, city, state, zip code)	Duties	Date Began Month: Year:	
Telephone Number	Supervisor	Date Left Month: Year:	
Previous Employer	Your Title	Last Salary	Reason for leaving:
Address (street, city, state, zip code)	Duties	Date Began Month: Year:	
Telephone Number	Supervisor	Date Left Month: Year:	
Previous Employer	Your Title	Last Salary	Reason for leaving:
Address (street, city, state, zip code)	Duties	Date Began Month: Year:	
Telephone Number	Supervisor	Date Left Month: Year:	

EDUCATIONAL DATA

Please circle the number indicating the total years of schooling you have had (excluding Kindergarten):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

TYPE	NAME OF SCHOOL	ADDRESS	GRADUATION	TYPE OF DEGREE	FIELD OF STUDY
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business School Vocational School Correspondence					
College/ Technical School					
Graduate					

MILITARY

Military Training or Experience

PROFESSIONAL

Professional Licenses/Certification/Registration	Year	Expiration Date (day/month/year)	State	Number

SKILLS

Computer Skills: Yes No Software Used: Microsoft Word (Level:____) PowerPoint (Level:____) Excel (Level:____)

Other Software Used: _____ Level options: B- Beginner, I- Intermediate, E- Expert

APPLICANT'S STATEMENT/SIGNATURE

I hereby authorize investigation of all statements contained in this application. I release _____ from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete, and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports and satisfactory pre-placement examination. A photostatic copy of this Authorization is to be given the same force and effect as the original. I understand further that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Date _____ Applicant's Signature _____